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## BIB DATA SHEET

CONFIRMATION NO. 2201

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/039,584	10/26/2001	709	2143	5489-69021
<b>RULE</b>				
<b>APPLICANTS</b> James R. Buechler, Terre Haute, IN; Evan Farmer, Norfolk, VA; Todd J. Smaka, Indianapolis, IN;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/243,374 10/26/2000				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 02/07/2002				
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <u>/JUDE JEAN GILLES/</u> Examiner's Signature	<input type="checkbox"/> Met after Allowance JG Initials	<b>STATE OR COUNTRY</b> IN	<b>SHEETS DRAWINGS</b> 39	<b>TOTAL CLAIMS</b> 52
<b>INDEPENDENT CLAIMS</b> 1				
<b>ADDRESS</b> Richard D. Conard Barnes & Thornburg 11 S. Meridian Street Indianapolis, IN 46204 UNITED STATES				
<b>TITLE</b> Method of facilitating medical consultations				
<b>FILING FEE RECEIVED</b> 998	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	